Fill in this information to	o identify your case:	
Debtor 1	Gilberto A. Rivera	_
Debtor 2 (Spouse, if filing)		_
United States Bankrupt	tcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
	13650	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	MM / DD/ YYYY
Calaaduda I. V	V I	•

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status	■ Employed	☐ Employed
	attach a separate page with information about additional		☐ Not employed	■ Not employed
	employers.	Occupation	Security Gaurd	unemployed
	Include part-time, seasonal, or self-employed work.	Employer's name	St. Moritz Security Service	_
	Occupation may include student	Employer's address		
	or homemaker, if it applies.		Pittsburgh, PA 15236	
		How long employed the	nere? 3 years	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 0.00

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Deb	tor 1	Gilberto A. Rivera	_	Ca	ase number (if known)	18-1365	0			
				F	For Debtor 1	For Deb				
	Com	w line 4 have	4	_	0.00		ng spouse			
	Cop	y line 4 here	4.	•	0.00	\$	0.00			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	0.00	\$	0.00			
	5b.	Mandatory contributions for retirement plans	5b.	5	0.00	\$	0.00			
	5c.	Voluntary contributions for retirement plans	5c.		0.00	\$	0.00			
	5d.	Required repayments of retirement fund loans	5d.		0.00	\$	0.00			
	5e.	Insurance	5e.		0.00	\$	0.00			
	5f.	Domestic support obligations	5f.	9		\$	0.00			
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.			\$ + \$	0.00			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6		0.00	· •	0.00			
7.		. ,	7.	\$		\$				
		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Φ	0.00	Φ	0.00			
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,								
	ou.	profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		000	\$	0.00			
	8b.	Interest and dividends	oa. 8b.		0.00	\$	0.00			
	8c.	Family support payments that you, a non-filing spouse, or a dependen		•		Ψ	0.00			
	00.	regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce	_			_				
	0.1	settlement, and property settlement.	8c.			\$	0.00			
	8d.	Unemployment compensation	8d.			\$	0.00			
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	3	0.00	\$	0.00			
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	ce							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.				•				
	•	Specify:	8f.		0.00	\$	0.00			
	8g.	Pension or retirement income	8g.				0.00			
	8h.	Other monthly income. Specify: 2017 Tax refund pro rata	8h.			+ \$	0.00			
		rent contribution from Dauther and sister			750.00 1,000.00	\$ \$	0.00			
		Contribution from Dauther and Sister		_	1,000.00	Ψ	<u> </u>	7		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,236.42	\$	0.00			
			-]		
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	2,236.42 + \$	0.	00 = \$	2,236.42		
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					\Box $ldsymbol{f eta}$			
11.	Stat	e all other regular contributions to the expenses that you list in Schedu.	le J.							
	Inclu	clude contributions from an unmarried partner, members of your household, your dependents, your roommates, and								
		ther friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.								
	Spe		ot avalla	bie	to pay expenses list		<i>auie J.</i> 11. + \$	0.00		
						_		0.00		
		the amount in the last column of line 10 to the amount in line 11. The re								
		e that amount on the Summary of Schedules and Statistical Summary of Cert	tain Liab	oilitie	es and Related <i>Data</i>		12. \$	2,236.42		
	appl	les					-·	_,		
							Combine			
13	Do	you expect an increase or decrease within the year after you file this for	m?				montnly	income		
١٥.	■	No.								
	_	Yes. Explain:								
		. 55. <u>—</u>								

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